2015 Medical SHOP Silver Plans

Plan ID/										
Form Schedue #	96751NH0160006	59025NH0250022	59025NH0220019	19304NH0200001		19304NF	H0230001	19304NH0240001		61163NH0380001
Issuer	Anthem	Harvard Pilgrim	Harvard Pilgrim	Maine CHO		Maine CHO		Maine CHO		Minuteman Health
Plan Name	Anthem Silver Pathway X HMO 2000 30 5500 Plus	ElevateHealth HMO 4000	Best Buy Tiered Copay HMO LP	Community Choice		Community Balance		Community Preferred		MyDoc HMO Silver HSA 3000
Metal Level	Silver	Silver	Silver	Silver		Silver		Silver		Silver
Product Type	НМО	НМО	HMO	PPO		PPO		PPO		НМО
Network Coverage	<u>NHN002</u>	NHN002	NHN001	NHN001		NHN001		<u>NHN001</u>		<u>NHN002</u>
Deductible-				In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	
Individual/Family	\$2000 / \$4000	\$4000 / \$8000	\$4000 / \$8000	\$2000 / \$4000	\$5000 / \$10000	\$2500 / \$5000	\$7500 / \$15000	\$2300 / \$4600	\$5000 / \$10000	\$3000 / \$6000
Coinsurance	30%	0%	0%	30%	50%	10%	30%	30%	50%	10%
Max Out of Pocket-										
Individual/Family	\$5500 / \$11000	\$6500 / \$13000	\$6500 / \$13000	\$6600 / \$13200	\$10000 / \$20000	\$4500 / \$9000	\$12500 / \$25000	\$5500 / \$11000	\$10000 / \$20000	\$4750 / \$9500
Preventive Care	No Charge	No Charge	No Charge	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge
PCP Visits (not wellness)	\$35 Copay for first three visits, thereafter 30% Coinsurance after deductible	\$ 40	\$ 40	\$ 30	Not Covered	10% Coinsurance after deductible	Not Covered	\$ 20	Not Covered	10% Coinsurance after deductible
Specialist Visits	\$35 Copay for first three visits, thereafter 30% Coinsurance after deductible	\$ 80	\$ 80	\$ 80	50% Coinsurance after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	\$ 75	50% Coinsurance after deductible	10% Coinsurance after deductible
Llunaut Cana	30% Coinsurance after	\$75 Copay after	\$75 Copay after		50% Coinsurance after	10% Coinsurance after	30% Coinsurance after		50% Coinsurance after	10% Coinsurance after
Urgent Care	deductible	deductible	deductible	\$ 80	deductible	deductible	deductible	\$ 75	deductible	deductible
Outpatient Facility/Surgical Center	30% Coinsurance after deductible	No Charge after deductible	\$100 Copay with select providers, subject to deductible with other providers	30% Coinsurance after deductible	50% Coinsurance after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after	50% Coinsurance after deductible	10% Coinsurance after deductible
Emergency Room	30% Coinsurance after deductible	\$250 Copay after deductible	\$250 Copay after deductible	\$ 500	\$ 500	10% Coinsurance after deductible	10% Coinsurance after deductible	\$ 500	\$ 500	10% Coinsurance after deductible
Inpatient Hospital	30% Coinsurance after	No Charge after	No Charge after	30% Coinsurance after	50% Coinsurance after	10% Coinsurance after	30% Coinsurance after	30% Coinsurance after		10% Coinsurance after
Services	deductible	deductible	deductible	deductible	deductible	deductible	deductible	deductible	deductible	deductible
					50% Coinsurance after	20% Coinsurance after	40% Coinsurance after		50% Coinsurance after	No Charge after
Generic Drugs	\$ 15	\$ 20	\$ 20	\$ 15	deductible	deductible	deductible	\$ 10	deductible	deductible
Preferred Brand Drugs	\$35 Copay after deductible- Separate drug deductible of \$250 individual/\$500 family	30%	30%	30% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	40% Coinsurance after deductible	\$ 40	50% Coinsurance after deductible	No Charge after deductible
Durable Medical	30% Coinsurance after	20% Coinsurance after	20% Coinsurance after	30% Coinsurance after	50% Coinsurance after	10% Coinsurance after	30% Coinsurance after	30% Coinsurance after	50% Coinsurance after	20% Coinsurance after
Equipment	deductible	deductible	deductible	deductible	deductible	deductible	deductible	deductible	deductible	deductible
Chiropractic Care	\$35 Copay for first three visits, thereafter 30% Coinsurance after deductible	\$ 40	\$ 40	30% Coinsurance after deductible	50% Coinsurance after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	10% Coinsurance after deductible
Adult Dental	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered